

Section 5 — TOPICAL MODULES

Part A — RECIPIENCY HISTORY

Statement C

Now I have some questions regarding past participation in Government programs.

**CHECK
ITEM T1**

Refer to cc items 44–47.

Was an interview obtained for . . . in
Wave 1?

8000

1 ☐ Yes

2 ☐ No — SKIP to Check Item T3

INTERVIEWER INSTRUCTION — Look at column (5) of the "Income Roster" on page 5 for income codes 1–10, 20–35, 40, and 41. If the X3 "never received" box is marked for an income code, line through that income code in the "Reciency History Roster" below.

**CHECK
ITEM T2**

Are any income types or special
indicators listed in the Reciency
History Roster below?

8002

1 ☐ Yes

2 ☐ No — SKIP to Check Item T3

- 1. During our last visit we recorded that . . . received** (Read all sources listed below) **sometime during the period (8 months ago) through (5 months ago).** **When did . . . first begin to receive** (Read each source)? (In column d, record beginning date of reciency that was occurring sometime in the period 5 to 8 months ago.)

RECIENCY HISTORY ROSTER (ISS Codes 1–10, 20–35, 40, 41, 172, 176)

Line No. (a)	Source (b)	ISS code (c)	Date reciency began (d)			
			Month OR DK	Year	OR	DK
1		8004 <input type="text"/>	8006 <input type="text"/> x1 <input type="checkbox"/>	8008 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		8010 <input type="text"/>	8012 <input type="text"/> x1 <input type="checkbox"/>	8014 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		8016 <input type="text"/>	8018 <input type="text"/> x1 <input type="checkbox"/>	8020 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		8022 <input type="text"/>	8024 <input type="text"/> x1 <input type="checkbox"/>	8026 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		8028 <input type="text"/>	8030 <input type="text"/> x1 <input type="checkbox"/>	8032 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		8034 <input type="text"/>	8036 <input type="text"/> x1 <input type="checkbox"/>	8038 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		8040 <input type="text"/>	8042 <input type="text"/> x1 <input type="checkbox"/>	8044 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		8046 <input type="text"/>	8048 <input type="text"/> x1 <input type="checkbox"/>	8050 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHECK
ITEM T3**

Refer to cc item 24.

Is . . . 18 years of age or older?

8052

1 ☐ Yes

2 ☐ No — SKIP to Check Item T10, page 56

**CHECK
ITEM T4**

Refer to item 1, Reciency History Roster.

Is "Food stamps" (code 27) listed?

8054

1 ☐ Yes

2 ☐ No — SKIP to 2b

- 2a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?**

8056

1 ☐ Yes — SKIP to 2d

2 ☐ No — SKIP to Check Item T5

- b. Has . . . ever applied for the Federal Government's Food Stamp Program?**

8058

1 ☐ Yes

2 ☐ No — SKIP to Check Item T5

- c. Has . . . ever been authorized to receive food stamps?**

8060

1 ☐ Yes

2 ☐ No — SKIP to Check Item T5

- d. When did . . . first start receiving food stamps?**

8062

Month

x1 ☐ Don't know

8064

Year

x1 ☐ Don't know

- e. For how long did . . . receive food stamps that time?**

8066

Months

OR

8068

Years

8070

x1 ☐ Don't know

- f. How many times in all have there been when . . . was authorized to receive food stamps?**

8072

Times

x1 ☐ Don't know

Section 5 — TOPICAL MODULES (Continued)

Part A — RECIPIENCY HISTORY (Continued)

CHECK ITEM T5	<i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under 18 years old who live in this household?	8074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T7</i>
CHECK ITEM T6	<i>Refer to Item 1, Reciprocity History Roster.</i> Is "AFDC" (code 20) listed?	8076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3b</i>
3a. Besides this period of time, have there been any other times when . . . received AFDC (ADC)?		8078 1 <input type="checkbox"/> Yes — <i>SKIP to 3d</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T7</i>
b. Has . . . ever applied for benefits from the program called AFDC — Aid to Families With Dependent Children (or ADC)?		8080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T7</i>
c. Has . . . ever received AFDC (ADC) benefits?		8082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T7</i>
d. When did . . . first start receiving AFDC (ADC) benefits?		8084 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8086 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
e. For how long did . . . receive AFDC (ADC) that time?		8088 <input type="text"/> <input type="text"/> Months OR 8090 <input type="text"/> <input type="text"/> Years 8092 x1 <input type="checkbox"/> DK
f. How many times in all have there been when . . . received AFDC (ADC)?		8094 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
CHECK ITEM T7	<i>Refer to Item 1, Reciprocity History Roster.</i> Is "SSI" (codes 3 or 4) listed?	8096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4b</i>
4a. Besides this period of time, have there been any other times when . . . received SSI benefits?		8098 1 <input type="checkbox"/> Yes — <i>SKIP to 4d</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>
b. Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?		8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>
c. Has . . . ever received SSI benefits?		8102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>
d. When did . . . first start receiving SSI?		8104 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8106 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
e. For how long did . . . receive SSI that time?		8108 <input type="text"/> <input type="text"/> Months OR 8110 <input type="text"/> <input type="text"/> Years 8112 x1 <input type="checkbox"/> DK
CHECK ITEM T8	<i>Refer to cc item 47.</i> Is "Medicaid" (code 173) marked?	8114 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T10, page 56</i>
CHECK ITEM T9	<i>Refer to cc item 45.</i> Is "SSI" or "AFDC" (codes 3, 4, or 20) marked for Wave 1?	8116 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T10, page 56</i> 2 <input type="checkbox"/> No

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part A — RECIPIENCY HISTORY (Continued)

5. During our last visit we recorded that ... was covered by (Use local name for Medicaid). This question concerns the coverage that was being received at that time. When did that period of coverage first begin?

8118 Month x1 ☐ Don't know
8120 1 9 Year x1 ☐ Don't know
8122 x3 ☐ Never covered by Medicaid

**CHECK
ITEM T10**

Refer to item 27a or 27b, page 10.
 Was ... covered by a health insurance plan?
 (Is item 27a or 27b, page 10
 marked "Yes"?)

8124 1 ☐ Yes
 2 ☐ No — SKIP to item 7

6. We have recorded that ... is covered by a private health insurance plan. For how long has ... been covered by health insurance without interruption?

8126 Months
 OR
8128 Years
8130 x3 ☐ Have always had insurance
 x1 ☐ DK } SKIP
to
Check
Item
T11

7. We have recorded that ... is not currently covered by a private health insurance plan. When was the last time ... was covered by private health insurance?

8132 Month x1 ☐ Don't know
8134 1 9 Year x1 ☐ Don't know
8136 x3 ☐ Has never been covered

**CHECK
ITEM T11**

Refer to cc item 19b.
 Is ... the reference person?

8138 1 ☐ Yes
 2 ☐ No — SKIP to Check Item T14

**CHECK
ITEM T12**

Refer to cc items 16a and 16b.
 Is this housing unit public or subsidized?

8140 1 ☐ Yes
 2 ☐ No — SKIP to Check Item T13

8. For how long has ... been living in public or subsidized housing?

8142 Months
 OR
8144 Years
8146 x3 ☐ Have always lived in public housing
 x1 ☐ DK } SKIP to
Check
Item T14

**CHECK
ITEM T13**

Is one or more of the following codes
 marked on the ISS for ...: code 3,
 codes 20—27, or code 173?

8148 1 ☐ Yes
 2 ☐ No — SKIP to Check Item T14

9. Is ... on a waiting list for public or subsidized housing?

8150 1 ☐ Yes
 2 ☐ No

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part B — EMPLOYMENT HISTORY

CHECK ITEM T14

Refer to cc item 24.
Is . . . 18 to 64 years old?

8200

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T23, page 60

STATEMENT D

Now I would like to ask some questions about some of the jobs . . . has held.

CHECK ITEM T15

Refer to cc items 42 and 43.
Is there an employer or business listed?

8202

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T17

ASK OR VERIFY —

1. What was the name of . . . 's MAIN employer or business during the period (8 months ago) through (5 months ago)?

(If more than one, enter name of most recent employer)

PGM 8

Name of employer or business

8204

CHECK ITEM T16

Refer to cc item 42 or 43.
What is the ID number of this employer or business?

PGM 7

8206

☐ Employer number

OR

8208

☐ Business number

} SKIP to 3

CHECK ITEM T17

Is "Worked" (code 170) marked on the ISS?

8210

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

ASK OR VERIFY —

2. What was the name of . . . 's MAIN employer or business during the past 4 months?

PGM 8

Name of employer or business

8212

CHECK ITEM T18

Refer to Check Item E3, page 16, Check Item E6, page 18, Check Item S1, page 20, or Check Item S7, page 22.

What is the ID number of this employer or business?

PGM 7

8214

☐ Employer number

OR

8216

☐ Business number

3. When did . . . start working for (Read name of employer or business)?

(If worked for more than one period of time, ask about most recent period)

8218

Month

x1 ☐ Don't know

8220

1 9 Year

x1 ☐ Don't know

CHECK ITEM T19

Refer to Check Items T16 or T18 above.
Is "Employer number" entered.

8222

- 1 ☐ Yes
2 ☐ No — SKIP to 6a

4a. About how many persons were employed by . . . 's employer at the location where . . . works (worked)?

8224

- 1 ☐ Under 25
2 ☐ 25 to 99
3 ☐ 100 to 499
4 ☐ 500 to 999
5 ☐ 1,000 or more } SKIP to 4d
x1 ☐ DK

b. Did . . . 's employer operate in more than one location?

8226

- 1 ☐ Yes
2 ☐ No } SKIP to 4d
x1 ☐ DK

c. About how many persons were employed by . . . 's employer at ALL LOCATIONS?

8228

- 1 ☐ Under 25
2 ☐ 25 to 99
3 ☐ 100 to 499
4 ☐ 500 to 999
5 ☐ 1,000 or more
x1 ☐ DK

d. Was . . . a member of a labor union or a member of an employee association similar to a union at that job?

8230

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

e. Was . . . covered by a union or employee association contract at that job?

8232

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

Section 5 — TOPICAL MODULES (Continued)

Part B — EMPLOYMENT HISTORY — Continued

4f. For how many years has . . . done the kind of work that . . . does on this job?	<div style="display: flex; justify-content: space-between;"> <div> 8234 <input type="text"/> <input type="text"/> Months OR 8236 <input type="text"/> <input type="text"/> Years 8238 x1 <input type="checkbox"/> DK </div> <div style="font-size: 3em; line-height: 1;">}</div> <div style="text-align: right;"> SKIP to 6a </div> </div>
5a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?	<div style="display: flex; justify-content: space-between;"> <div> 8240 <input type="text"/> <input type="text"/> Month 8242 1 9 <input type="text"/> <input type="text"/> Year 8244 x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more </div> <div style="font-size: 3em; line-height: 1;">}</div> <div style="text-align: right;"> x1 <input type="checkbox"/> Don't know x1 <input type="checkbox"/> Don't know SKIP to Check Item T20 ASK 5b </div> </div>
b. What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business? <i>Mark only one.</i>	<div style="display: flex; justify-content: space-between;"> <div> 8246 1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other — Specify _____ x1 <input type="checkbox"/> DK </div> <div style="font-size: 3em; line-height: 1;">}</div> <div style="text-align: right;"> SKIP to Check Item T23, page 60 </div> </div>
6a. Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?	<div style="display: flex; justify-content: space-between;"> <div> 8248 <input type="text"/> <input type="text"/> Month 8250 1 9 <input type="text"/> <input type="text"/> Year 8252 x3 <input type="checkbox"/> Never had another job lasting two weeks or more — SKIP to Check Item T22 </div> <div style="font-size: 3em; line-height: 1;">}</div> <div style="text-align: right;"> x1 <input type="checkbox"/> Don't know x1 <input type="checkbox"/> Don't know </div> </div>
<div style="background-color: black; color: white; padding: 2px; display: inline-block;">CHECK ITEM T20</div> Refer to item 5a or 6a above. Is the year 1979 or later?	8254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T22
6b. What was the name of . . . 's employer or business at that time?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PGM 8 Name of employer or business </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8256 </div>
c. What kind of company, business, or industry was (Name of employer or business)?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PGM 8 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8258 </div>
d. Was that business or industry mainly — (Read categories)	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PGM 8 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8260 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business? </div>
e. What kind of work was . . . doing on that job?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PGM 8 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8262 </div>
f. What were . . . 's most important activities or duties?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PGM 8 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8264 </div>
g. Did . . . work for an employer on that job or was . . . self-employed?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PGM 7 </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8266 1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed </div>
h. When did . . . START working for (Name of employer or business)?	<div style="display: flex; justify-content: space-between;"> <div> 8268 <input type="text"/> <input type="text"/> Month 8270 1 9 <input type="text"/> <input type="text"/> Year </div> <div style="font-size: 3em; line-height: 1;">}</div> <div style="text-align: right;"> x1 <input type="checkbox"/> Don't know x1 <input type="checkbox"/> Don't know </div> </div>

Section 5 — TOPICAL MODULES (Continued)

Part B — EMPLOYMENT HISTORY (Continued)

6i. What was the main reason . . . stopped working for <i>(Name of employer or business)?</i>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8272</div> <div> <input type="checkbox"/> 1 Layoff, plant closed <input type="checkbox"/> 2 Discharged <input type="checkbox"/> 3 Job was temporary and ended <input type="checkbox"/> 4 Found a better job <input type="checkbox"/> 5 Retirement/old age <input type="checkbox"/> 6 Did not like working conditions <input type="checkbox"/> 7 Dissatisfied with earnings <input type="checkbox"/> 8 Did not like location <input type="checkbox"/> 9 Going to school <input type="checkbox"/> 10 Became pregnant/had child <input type="checkbox"/> 11 Health reasons <input type="checkbox"/> 12 Other family or personal reasons <input type="checkbox"/> 13 Other — <i>Specify</i> _____ </div> </div>
7a. In what year did . . . first work six straight months or longer at some job or business?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8274</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x3 Never worked 6 straight months at a job or business — <i>SKIP to Check Item T23, page 60</i> <input type="checkbox"/> x1 DK — <i>SKIP to Check Item T22</i> </div> </div> </div>
b. Since <i>(Year in 7a)</i> has . . . always worked at least six months during the year?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8276</div> <div> <input type="checkbox"/> 1 Yes — <i>SKIP to Check Item T23, page 60</i> <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK — <i>SKIP to Check Item T23, page 60</i> </div> </div>
c. How many years were there when . . . worked at least 6 months during the year?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8278</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div>Years</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK </div> </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T21</div> <div style="margin-top: 5px;"> <i>Refer to item 7a.</i> Is the year in item 7a 1979 or later? </div>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8280</div> <div> <input type="checkbox"/> 1 Yes — <i>SKIP to 8a</i> <input type="checkbox"/> 2 No </div> </div>
7d. Since the beginning of 1979 how many years have there been when . . . worked at least 6 months during the year?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8282</div> <div> <input type="checkbox"/> x5 All years OR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div>Years</div> </div> OR <input type="checkbox"/> x1 DK </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T22</div> <div style="margin-top: 5px;"> <i>Refer to item 7a above, or item 3, page 57.</i> Is there a year entered in item 7a or in item 3 (page 57)? </div>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8284</div> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>SKIP to Check Item T23, page 60</i> </div> </div>
8a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since <i>(Year in item 7a or 3),</i> have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8286</div> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>SKIP to Check Item T23, page 60</i> </div> </div>
b. About how many times has . . . gone 6 months or longer without working at a paid job or business?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8288</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div>Times</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK </div> </div> </div>
c. When was the last time that . . . went 6 months or longer without working at a paid job or business?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8290</div> <div> <div style="text-align: center; margin-bottom: 5px;">FROM</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK </div> <div style="text-align: center; margin-top: 5px;">TO</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8292</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK </div> </div> </div>
d. What was the main reason . . . did not work at a paid job or business during that time? <i>Mark only one.</i>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8294</div> <div> <input type="checkbox"/> 1 Took care of family or home <input type="checkbox"/> 2 Own illness or disability <input type="checkbox"/> 3 Could not find work <input type="checkbox"/> 4 Going to school <input type="checkbox"/> 5 Became pregnant/had child <input type="checkbox"/> 6 Other — <i>Specify</i> _____ </div> </div>

Section 5 — TOPICAL MODULES — Continued

Part C — WORK DISABILITY HISTORY

CHECK ITEM T23

Refer to cc item 24.
What is ...'s age?

8300

- 1 ☐ 15 years old — SKIP to Statement F, page 62
2 ☐ 16 to 67 years old
3 ☐ 68 years old or older — SKIP to Statement F, page 62

STATEMENT E

Now I want to talk about any health or physical condition ... may have that affected ...'s ability to work.

CHECK ITEM T24

Is "Disabled" (code 171) marked on the ISS for ...?

8302

- 1 ☐ Yes — SKIP to 1a
2 ☐ No

CHECK ITEM T25

Refer to cc, item 47.
Is "Disabled" (code 171) marked on the control card for ...?

8304

- 1 ☐ Yes
2 ☐ No — SKIP to 1b

1a. We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?

8306

- 1 ☐ Yes — SKIP to 1c
2 ☐ No — SKIP to Statement F, page 62

b. Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?

8308

- 1 ☐ Yes — Mark "171" on ISS
2 ☐ No — SKIP to Statement F, page 62

c. When did ... become limited in the kind or amount of work that ... could do at a job?

8310

Month x1 ☐ Don't know

8312

1 **9** Year x1 ☐ Don't know

OR

8314

- x3 ☐ Person was limited before person became of working age — SKIP to 2a
x5 ☐ Person became limited after retiring — SKIP to Statement F, page 62

d. Was ... employed at the time ...'s work limitation began?

8316

- 1 ☐ Yes — SKIP to 2a
2 ☐ No

e. When was the last time ... worked before ...'s work limitation began?

8318

Month x1 ☐ Don't know

8320

1 **9** Year x1 ☐ Don't know

OR

8322

- x3 ☐ Had never been employed before work limitation began

ASK OR VERIFY —
(SHOW FLASHCARD EE)

2a. What health condition is the main reason for ...'s work limitation?

8324

Code Name of health condition

ASK OR VERIFY —

b. Was this condition caused by an accident or injury?

8326

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T26

c. Where did the accident or injury take place — was it (Read categories) —
Mark (X) only one.

8328

- 1 ☐ On the job?
2 ☐ During service in the Armed Forces?
3 ☐ In the home?
4 ☐ Somewhere else?

CHECK ITEM T26

Is "Worked" (code 170) marked on the ISS?

8330

- 1 ☐ Yes — SKIP to Check Item T27
2 ☐ No

3a. Does ...'s health or condition prevent ... from working at a job or business?

8332

- 1 ☐ Yes
2 ☐ No — SKIP to 4a

b. When did ... become unable to work at a job?

8334

Month x1 ☐ Don't know

8336

1 **9** Year x1 ☐ Don't know

OR

8338

- x3 ☐ Has never been able to work at a job — SKIP to Statement F, page 62

Section 5 – TOPICAL MODULES (Continued)	
Part C – WORK DISABILITY HISTORY (Continued)	
<div>CHECK ITEM T27</div> <div>Refer to item 8a, page 4.</div> <div>Did . . . usually work 35 or more hours per week during the reference period?</div>	<div>8340</div> <div>1 <input type="checkbox"/> Yes — SKIP to 4b</div> <div>2 <input type="checkbox"/> No</div>
<div>4a. Is . . . now able to work at a full-time job or is . . . only able to work part-time?</div>	<div>8342</div> <div>1 <input type="checkbox"/> Full-time</div> <div>2 <input type="checkbox"/> Part-time</div>
<div>b. Is . . . now able to work regularly or is . . . only able to work occasionally or irregularly?</div>	<div>8344</div> <div>1 <input type="checkbox"/> Regularly</div> <div>2 <input type="checkbox"/> Only occasionally or irregularly</div>
<div>c. Is . . . now able to do the same kind of work . . . did before . . . 's work limitation began?</div>	<div>8346</div> <div>1 <input type="checkbox"/> Yes, able to do same kind of work</div> <div>2 <input type="checkbox"/> No, not able to do same kind of work</div> <div>3 <input type="checkbox"/> Did not work before limitation began</div>
<div>NOTES</div>	

Section 5 — TOPICAL MODULES (Continued)

Part D — EDUCATION AND TRAINING HISTORY

STATEMENT F

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

CHECK ITEM T28

Refer to cc items 31b and 31c.

Has . . . completed the 12th grade?

8400

- 1 ☐ No, has not completed 12th grade
2 ☐ Yes, has completed 12th grade — *SKIP to item 3a*

1. When did . . . last attend elementary or high school?

8402

Month x1 ☐ Don't know

8404

Year x1 ☐ Don't know

8406

- 1 ☐ Currently attending — *SKIP to Check Item T34, page 65*
2 ☐ Never attended

2. Has . . . received a high school diploma?
(Include GED's.)

8408

- 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T31*

3a. When did . . . receive a high school diploma?

8410

Month x1 ☐ Don't know

8412

Year x1 ☐ Don't know

b. Was the high school that . . . attended public; private, church-related; or private, not church-related?

8414

- 1 ☐ Public
2 ☐ Private, church-related
3 ☐ Private, not church-related
4 ☐ Did not attend high school
x1 ☐ DK

CHECK ITEM T29

Refer to cc item 31b.

Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b)

8416

- 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T31*

4a. When did . . . first attend college, a university, or a technical, business, or vocational school beyond high school?

8418

Month x1 ☐ Don't know

8420

Year x1 ☐ Don't know

b. What is the highest degree beyond a high school diploma that . . . has earned?

8422

- 1 ☐ PhD or equivalent
2 ☐ Professional degree such as Dentistry, Medicine, Law, or Theology
3 ☐ Master's degree
4 ☐ Bachelor's degree
5 ☐ Associate degree
6 ☐ Vocational, technical, or business certificate or diploma
7 ☐ Has not earned a degree } *SKIP to 4f*
x1 ☐ DK

c. When did . . . receive that degree?

8424

Month x1 ☐ Don't know

8426

Year x1 ☐ Don't know

(SHOW FLASHCARD FF)

d. In what field of study did . . . receive that degree?

8428

Code Field of study

x1 ☐ Don't know

CHECK ITEM T30

Refer to item 4b above.

Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)

8430

- 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T31*

4e. When did . . . receive his/her Bachelor's degree?

8432

Month x1 ☐ Don't know

8434

Year x1 ☐ Don't know

SKIP to Check Item T31

(SHOW FLASHCARD FF)

f. In what field of study were the courses that . . . took at college or university?

8436

Code Field of study

x1 ☐ Don't know

g. When was the last time that . . . was a student at a college or university?

8438

Month x1 ☐ Don't know

8440

Year x1 ☐ Don't know

OR

8442

- 1 ☐ Is still a student

Section 5 — TOPICAL MODULES (Continued)

Part D — EDUCATION AND TRAINING HISTORY (Continued)

CHECK ITEM T31	<p>Refer to cc item 24. Is . . . 65 years of age or older?</p>	<p>8444 1 <input type="checkbox"/> Yes — SKIP to Check Item T34, page 65 2 <input type="checkbox"/> No</p>
5a.	<p>Has . . . ever received training designed to help find a job, improve job skills or learn a new job?</p>	<p>8446 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T34, page 65</p>
b.	<p>Was any of this training sponsored by any of the following programs (Read categories)? Mark (X) all that apply.</p>	<p>8448 1 <input type="checkbox"/> Job Training Partnership Act (JTPA) 8450 2 <input type="checkbox"/> Comprehensive Employment Training Act (CETA) 8452 3 <input type="checkbox"/> Work Incentive Program (WIN) 8454 4 <input type="checkbox"/> Trade Adjustment Assistance Act 8456 5 <input type="checkbox"/> Veterans' Training Programs 8458 6 <input type="checkbox"/> No — SKIP to 5d</p>
c.	<p>What type of training program is (was) this? Mark (X) all that apply.</p>	<p>8460 1 <input type="checkbox"/> Classroom training—job skills 8462 2 <input type="checkbox"/> Classroom training—basic education 8464 3 <input type="checkbox"/> On-the-job training 8466 4 <input type="checkbox"/> Job search assistance 8468 5 <input type="checkbox"/> Work experience 8470 6 <input type="checkbox"/> Other</p> <p style="text-align: right;">} SKIP to 5e</p>
d.	<p>Where did . . . receive this training? Mark (X) all that apply.</p>	<p>8472 1 <input type="checkbox"/> Apprenticeship program 8474 2 <input type="checkbox"/> Business, commercial, or vocational school 8476 3 <input type="checkbox"/> Junior or community college 8478 4 <input type="checkbox"/> Program completed at a 4 year college or graduate school 8480 5 <input type="checkbox"/> High school vocational program 8482 6 <input type="checkbox"/> Training program at work 8484 7 <input type="checkbox"/> Military (exclude basic training) 8486 8 <input type="checkbox"/> Correspondence course 8488 9 <input type="checkbox"/> Training or experience received on previous job 8490 10 <input type="checkbox"/> Sheltered workshop 8492 11 <input type="checkbox"/> Vocational rehabilitation centers 8494 12 <input type="checkbox"/> Other</p>
e.	<p>Does . . . use this training on . . . 's (most recent) job?</p>	<p>8496 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
f.	<p>When did . . . start this (most recent) training? (If more than one training occurred, ask about the most recent one.)</p>	<p>8498 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8500 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
g.	<p>For how many weeks did . . . attend this (most recent) training program?</p>	<p>8502 <input type="text"/> <input type="text"/> <input type="text"/> Weeks 8504 x3 <input type="checkbox"/> Currently attending x4 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> Don't know</p>
h.	<p>Who paid for this (most recent) program? Mark (X) all that apply.</p>	<p>8506 1 <input type="checkbox"/> Self or family 8508 2 <input type="checkbox"/> Employer 8510 3 <input type="checkbox"/> Federal, State, or local government 8512 4 <input type="checkbox"/> Someone else</p>

Go to Check Item T34, page 65

NOTES

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – MARITAL HISTORY

CHECK ITEM T34

Refer to cc item 26a.

What is . . . 's current marital status?

8600

- 1 ☐ Married, spouse present
 2 ☐ Married, spouse absent
 3 ☐ Widowed
 4 ☐ Divorced
 5 ☐ Separated
 6 ☐ Never married — *SKIP to Statement H, page 67*

STATEMENT G

Now I have a few questions about . . . 's marital history.

1. How many times has . . . been married?

8602

- 1 ☐ 1 — *SKIP to Check Item T38, page 66*
 2 ☐ 2
 3 ☐ 3
 4 ☐ 4 +

2a. In what month and year did . . . get married for the first time?

8604

Month x1 ☐ Don't know

8606

1 9 Year x1 ☐ Don't know

b. Did . . . 's first marriage end in widowhood or in divorce?

8608

- 1 ☐ Widowhood
 2 ☐ Divorce

c. In what month and year was . . . (widowed/divorced)?

8610

Month x1 ☐ Don't know

8612

1 9 Year x1 ☐ Don't know

CHECK ITEM T35

Refer to item 2b above.

Is "Widowhood" marked in item 2b?

8614

- 1 ☐ Yes — *SKIP to Check Item T36*
 2 ☐ No

2d. In what month and year did . . . actually stop living with . . . 's spouse?

8616

Month x1 ☐ Don't know

8618

1 9 Year x1 ☐ Don't know

CHECK ITEM T36

Refer to item 1.

How many times has . . . been married?

8620

- 1 ☐ 2 — *SKIP to Check Item T38, page 66*
 2 ☐ 3 +

3a. In what month and year did . . . get married for the second time?

8622

Month x1 ☐ Don't know

8624

1 9 Year x1 ☐ Don't know

b. Did . . . 's second marriage end in widowhood or in divorce?

8626

- 1 ☐ Widowhood
 2 ☐ Divorce

c. In what month and year was . . . (widowed/divorced)?

8628

Month x1 ☐ Don't know

8630

1 9 Year x1 ☐ Don't know

CHECK ITEM T37

Refer to item 3b.

Is "Widowhood" marked?

8632

- 1 ☐ Yes — *SKIP to Check Item T38, page 66*
 2 ☐ No

3d. In what month and year did . . . actually stop living with . . . 's second spouse?

8634

Month x1 ☐ Don't know

8636

1 9 Year x1 ☐ Don't know

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – MARITAL HISTORY (Continued)

CHECK ITEM T38	Has a Wave 2 interview been obtained for . . . 's spouse?	8638	1 <input type="checkbox"/> Yes — <i>SKIP to Statement H</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, no spouse in household
4a.	In what month and year did . . . get married (most recently)?	8640	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
		8642	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T39	Refer to Check Item T34. What is . . . 's current marital status?	8644	1 <input type="checkbox"/> Married, spouse present } <i>SKIP to Statement H</i> 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated — <i>SKIP to item 4c</i>
4b.	In what month and year was . . . (widowed/divorced)?	8646	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
		8648	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T40	Refer to Check Item T39. Is "Widowed" marked?	8650	1 <input type="checkbox"/> Yes — <i>SKIP to Statement H</i> 2 <input type="checkbox"/> No
4c.	When did . . . actually stop living with . . . 's (most recent) spouse?	8652	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
		8654	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know

GO to Statement H

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part F — MIGRATION HISTORY

STATEMENT H

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

1. When did . . . move into this home/apartment/mobile home?

8700 Month ☐ Don't know
8702 Year ☐ Don't know
☐ Always lived here — *SKIP to Check Item T42, page 68*

2. Before living here, where did . . . live?

(Refer to Flashcard GG for State or country code.)

8704 ☐ Same state, same county
☐ Same state, different county
☐ Different State — *Specify code*
8706 ☐ DK *SKIP to item 6*
☐ Different country — *Specify code*
8708 ☐ DK

3. During what period of time did . . . live there?

8709 ☐ Lived there since birth — *SKIP to Check Item T42, page 68*
FROM
8710 Month ☐ Don't know
8712 Year ☐ Don't know
TO
8714 Month ☐ Don't know
8716 Year ☐ Don't know

4. Has . . . ever lived in another State or foreign country?

8718 ☐ Yes
☐ No — *SKIP to item 7*

5. What State or foreign country was that?

(If more than one, ask for most recent.)
(Enter code from Flashcard GG.)

8720 *Specify code*

☐ Don't know

6. During what period of time did . . . live there?

FROM
8722 Month ☐ Don't know
8724 Year ☐ Don't know
TO
8726 Month ☐ Don't know
8728 Year ☐ Don't know

7. In what State or foreign country was . . . born?

(Enter code from Flashcard GG.)

Specify code
8730

CHECK ITEM T41

Refer to item 7 above.
Does the code in item 7 equal a foreign country code of 62–92 or 99?

8732 ☐ Yes
☐ No — *SKIP to Check Item T42, page 68*

8. Is . . . a naturalized citizen of the United States?

8734 ☐ Yes
☐ No
☐ No, born abroad of American parent or parents — *SKIP to Check Item T42, page 68*

9. When did . . . come to the United States to stay?

8736
☐ Before 1901

Section 5 — TOPICAL MODULES (Continued)

Part G — FERTILITY HISTORY

**CHECK
ITEM T42**

Refer to cc items 24 and 28.

What is . . . 's age and sex?

8750

- 1 ☐ Female — Read Statement I and then SKIP to item 2a
 2 ☐ Male, 18 + years old
 3 ☐ Male, 15—17 years old — SKIP to
 Check Item T50, page 70

STATEMENT I

Now I have a few questions about the number of children, if any, that have been born to . . .

1. How many children, IF ANY, is . . . the father of?

(If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)

8752

Number

- x3 ☐ None
 x1 ☐ Don't Know

SKIP to Check Item T50, page 70

2a. How many children, if any, has . . . ever had? (Do not count stillbirths, adopted, foster, or stepchildren.)

8754

Number

- x3 ☐ None — SKIP to Check Item T50, page 70

**CHECK
ITEM T43**

Refer to cc item 24.

Is . . . 65 years of age or older?

8756

- 1 ☐ Yes — SKIP to Check Item T50, page 70
 2 ☐ No

2b. Are all of . . . 's children currently living in this household?

8758

- 1 ☐ Yes
 2 ☐ No — SKIP to Check Item T45

**CHECK
ITEM T44**

Refer to cc item 24.

Verify the birth date of . . . 's first born and last child born (if more than one child ever born) and enter the person number of the child(ren).

Note: If only 1 child born, use the boxes for first child. Use the last child boxes only when there are 2 or more children.

First child

8760

Month

Year

Child's number

8764

Last child

8766

Month

Year

Child's number

8770

SKIP to Check Item T50, page 70

**CHECK
ITEM T45**

Refer to item 2a.

How many children has . . . ever had?

8778

- 1 ☐ One child — SKIP to item 4a
 2 ☐ 2 + children

3a. When was . . . 's last child born?

8780

Month

- x1 ☐ Don't know

8782

1 9

Year x1 ☐ Don't know

**CHECK
ITEM T46**

Refer to item 3a.

Was . . . 's last child born on or after January 1, 1970?

8784

- 1 ☐ Yes
 2 ☐ No — SKIP to item 4a

ASK OR VERIFY —

3b. With whom does the child live now?

8786

- 1 ☐ Resides in this household — Go to Check Item T47

Resides elsewhere

- 2 ☐ In his/her own household

With relatives

- 3 ☐ With own father
 4 ☐ With own grandparent(s)
 5 ☐ With adoptive parent(s)
 6 ☐ With other relative(s)

With nonrelatives

- 7 ☐ In foster care/foster family
 8 ☐ In an institution (hospital)
 9 ☐ In school
 10 ☐ In correctional facility
 11 ☐ Other
 12 ☐ Deceased
 13 ☐ DK

SKIP to Check Item 4a

**CHECK
ITEM T47**

Write the person number of the last child.

8788

Person number of last child

Section 5 — TOPICAL MODULES (Continued)

Part G — FERTILITY HISTORY (Continued)

4a. When was . . . 's first child born?

8792

Month

x1 ☐ Don't know

8794

 1 9

Year

x1 ☐ Don't know

**CHECK
ITEM T48**

Refer to item 4a.
Was . . . 's first child born on
or after January 1, 1970?

8796

1 ☐ Yes

2 ☐ No — SKIP to Check Item T50, page 70

ASK OR VERIFY —

4b. With whom does the child live now?

8798

1 ☐ **Resides in this household** — Go to Check Item T49

Resides elsewhere

2 ☐ In his/her own household

With relatives

3 ☐ With own father

4 ☐ With own grandparent(s)

5 ☐ With adoptive parent(s)

6 ☐ With other relative(s)

With nonrelatives

7 ☐ In foster care/foster family

8 ☐ In an institution (hospital)

9 ☐ In school

10 ☐ In correctional facility

11 ☐ Other

12 ☐ Deceased

13 ☐ DK

SKIP to Check
Item T50, page 70

**CHECK
ITEM T49**

Write the person number of
the first child.

8800

Person number of first child

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part H – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T50

What is the composition of this household?

9266

1

☐

One person HH

2

☐

Two person HH consisting of husband and wife

3

☐

Two person HH consisting of non-relatives

4

☐

Other

SKIP to Check Item C1, page 75

CHECK ITEM T51

Is this the Reference Person's questionnaire?

9268

1

☐

Yes

2

☐

No – SKIP to Check Item C1, page 75

Pretranscribe each person's name and person number into column headings a – n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

AT TIME OF INTERVIEW

Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.

STATEMENT J

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.

For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard HH.

ASK OR VERIFY –

1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a – n)?

ROSTER

	Name	Name	Name	Name	Name	Name
	9272	9274	9276	9278	9280	9282
	a.	b.	c.	d.	e.	f.
	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
9300						
9330						
9360						
9390						
9420						
9450						
9480						
9510						
9540						
9570						
9600						
9630						
9660						
9690						

GO to Check Item C1, page 75

Section 5 – TOPICAL MODULES (Continued)

Part H – HOUSEHOLD RELATIONSHIPS (Continued)

NOTES

Name	Name	Name	Name	Name	Name	Name	Name
9284 g.	9286 h.	9288 i.	9290 j.	9292 k.	9294 l.	9296 m.	9298 n.
Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
9524							
9554	9556						
9584	9586	9588					
9614	9616	9618	9620				
9644	9646	9648	9650	9652			
9674	9676	9678	9680	9682	9684		
9704	9706	9708	9710	9712	9714	9716	